

## **WAGE CERTIFICATE**

**SUBJECT: BID NO.: IFB PMB-2020-37**

### **DESCRIPTION OF PROJECT**

**FURNISH REFUSE COLLECTION SERVICES AT THE KA HALE  
KAMEHAIKANA COMMUNITY RESOURCE CENTER ON OAHU**

Pursuant to Section 103-55, HRS, I hereby certify that if the awarded Contract is in excess of \$25,000.00, the services shall be performed under the following conditions:

1. The services shall be performed by employees at wages or salaries not less than wages or salaries paid to public officers and employees doing similar work.

2. The services shall be in compliance with all applicable laws of the Federal and State governments, relating to worker's compensation, unemployment compensation, payment of wages, and safety.

I understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wages required by Section 103-55, HRS.

BIDDER: \_\_\_\_\_

BY: \_\_\_\_\_  
*Signature of Person Authorized to Sign this Bid*

### **Please Print**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# IFB PMB-2020-37

## SEALED BID OFFER

Hawaii Public Housing Authority  
Contract and Procurement Office  
1002 North School Street, Bldg. D  
Honolulu, Hawaii 96817

IFB Coordinator:

The undersigned has carefully read and understands the terms and conditions specified in the Invitation for Bids, Specifications and the General Conditions by reference made a part of this Bid Offer and hereby submits the following offer to perform the work specified.

That the undersigned further understands and agrees that by submitting this Sealed Bid Offer, 1) it is declaring its Bid Offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) it is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Date: \_\_\_\_\_

Respectfully Submitted,

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
*Legal Name of Bidder (Company Name)*

Fax No.: \_\_\_\_\_

Payment address, if other than street  
address at right:

\_\_\_\_\_  
*Authorized Signature (Original)*

\_\_\_\_\_  
Hawaii General Excise Tax Lic. I.D. No.:

\_\_\_\_\_  
*Title of Authorized Signer*

\_\_\_\_\_  
Social Security or Federal I.D. No.:

\_\_\_\_\_  
*Business Address*

\_\_\_\_\_  
*City, State, Zip Code*

Bidder is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture

State of Incorporation: ☐ Hawaii

\*☐ Other \_\_\_\_\_

\*If "other", is corporate seal available in Hawaii?

☐ Yes

☐ No

1. Provide the history of the bidder's experience in the provision of refuse collection services of similar engagements in the United States. Include the number of years of experience: (Attach separate pages if necessary).

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2. Provide the names and address of companies or government agencies in which the bidder has provided or is currently providing refuse collection services as mentioned in Question 1 above along with the dates of services.

Company or Agency	Contact Person	Telephone No.	Dates of Service

3. Insurance coverage to be provided by:

Insurance Type	Provider	Agent Name	Agent Phone No.
General Commercial Liability			
Automobile			
Workers Compensation			

**IFB PMB 2020-37**  
**Bid Offer Form**  
**Ka Hale O Kamehaikana Community Resource Center**

Bidder: \_\_\_\_\_

**INITIAL 9-MONTH PERIOD:**

Properties	# of Containers	Container Size	Service Schedule / Number of Days							Total No. of Pickup Days	Total No. of Containers	Bid Price Pickup Per Container <sup>1</sup>			Total Bid Price <sup>1</sup>
									Pickup Fee (B)			Disposal Fee (C)	Unit Bid Price (D) = (B+C)		
			MON	TUE	WED	THU	FRI	SAT							
1010 Center	3	3 c.y.	X		X				117	351		+	=	(10/1/2020-6/30/2021) (E) = (A x D)	

**EXTRA YARDAGE CHARGE:** \_\_\_\_\_

**SUBTOTAL<sup>2</sup>:** \_\_\_\_\_

**OPTION YEAR 1:**

Properties	# of Containers	Container Size	Service Schedule / Number of Days							Total No. of Pickup Days	Total No. of Containers	Bid Price Pickup Per Container <sup>1</sup>				Total Bid Price <sup>1</sup>
			MON	TUE	WED	THU	FRI	SAT	Pickup Fee (B)			+ Disposal Fee (C)	Unit Bid Price (D) = (B+C)	= (B) + (C) = (D)		
															52	
Ka Hale O Kamehaikana Community Resource Center	3	3 c.y.	X		X					156	468					
1010 Center																

**EXTRA YARDAGE CHARGE:** \_\_\_\_\_

**SUBTOTAL<sup>2</sup>:** \_\_\_\_\_

**OPTION YEAR 2:**

Properties	# of Containers	Container Size	Service Schedule / Number of Days							Total No. of Pickup Days	Total No. of Containers	Bid Price Pickup Per Container <sup>1</sup>			Total Bid Price <sup>1</sup>
												Pickup Fee	Disposal Fee	Unit Bid Price	
			MON	TUE	WED	THU	FRI	SAT	(B)			(C)	(D) = (B+C)		
			52	52	52	52	53	52		(A)			(E) = (A x D)		

